

## NOTICE OF DETERMINATION OF CONTROLLING ORDER

Date \_\_\_\_\_ IV-D Case: ☐ TANF  
☐ IV-E Foster Care  
Obligor (First, Mid, Last), SSN \_\_\_\_\_ ☐ Medicaid Only  
☐ Former Assistance  
Obligee (First, Mid, Last), SSN \_\_\_\_\_ ☐ Never Assistance  
Non-IV-D Case: ☐

File Stamp

To: (Agency Name and Address )

FIPS Code \_\_\_\_\_ State \_\_\_\_\_

IV-D Case No. \_\_\_\_\_

Tribunal No. \_\_\_\_\_

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

FIPS Code \_\_\_\_\_ State \_\_\_\_\_

IV-D Case No. \_\_\_\_\_

Tribunal No. \_\_\_\_\_

1. On \_\_\_\_\_ (Date), \_\_\_\_\_ (Tribunal Name; County, State) determined which order to recognize for prospective enforcement. The following orders were considered:

#	County	State	Date of Order	IV-D Case Number	Docket Number	Order Type
1						
2						
3						
4						
5						

☐ Additional orders listed on attached sheet.

2. The tribunal determined that order number \_\_\_\_\_ listed above is the controlling order for prospective support.

☐ The tribunal determined that none of the existing orders is the controlling order for prospective support.  
A new order was entered; a certified copy is attached.

3. \$ \_\_\_\_\_ per \_\_\_\_\_ (Frequency) is the current charging amount.

4. The tribunal calculated arrears to be \$ \_\_\_\_\_ as of \_\_\_\_\_ (Date) .  
Attach a copy of the worksheet(s) showing the arrears calculation by State.

5. A copy of this notice (and any new or modified order) was also sent to:

\_\_\_\_\_  
Entity Name; State

\_\_\_\_\_  
Entity Name; State

☐ Obligor ☐ Obligee ☐ Additional Entities Listed on Attached Sheet

## INSTRUCTIONS FOR NOTICE OF DETERMINATION OF CONTROLLING ORDER

**PURPOSE OF THE FORM:** This notice provides a standard format for alerting entities in other jurisdictions about a controlling order determination. The actual determination will likely be in a State-specific format (e.g. order or form) which may be attached to the standard Notice of Determination of Controlling Order if necessary.

Complete this notice when your State's tribunal makes a determination of controlling order, or when your tribunal issues a new child support order or modifies a child support order. Generally, this form only needs to be used when there are multiple orders governing the same obligor/obligee/child(ren).

If multiple orders governing the same obligor, obligee, and child(ren) exist, a State can only prospectively enforce or modify the "controlling order" in a UIFSA proceeding. UIFSA contains rules for determining which order is recognized when multiple orders exist. Under these rules:

1. The order issued by a tribunal with continuing, exclusive jurisdiction (CEJ) has priority. An issuing tribunal retains CEJ as long as the issuing State remains the residence of the obligor, obligee, or child, or until all parties file written consent with the tribunal allowing another State to modify the order.
2. If more than one issuing tribunal would have CEJ, the order issued by the child's current home State has priority.
3. If more than one tribunal would have CEJ but there is no order in the child's current home State, the most recently issued order has priority.
4. If no tribunal would have CEJ, the responding State must issue a new support order and it becomes the CEJ State.

While only the controlling order should be recognized for prospective enforcement, arrears that accrued under other orders may still be enforced.

You must use the Notice of Determination of Controlling Order to notify:

- # the initiating IV-D agency if you are acting as a responding jurisdiction in an interstate action,
- # any tribunal that has issued, registered, or is enforcing a child support order governing the same parties and child(ren),
- # any IV-D agency with an open or closed IV-D case for the parties,
- # a party to the order (i.e., the obligor or obligee), as appropriate, or
- # a central registry in another State. It may be particularly important to notify a central entity if it keeps a registry of all orders in that State. A central registry may also be willing to notify tribunals or agencies within that State.

### **HEADING/CAPTION:**

- # Enter the date the notice was issued.
- # Identify the obligor and obligee name and Social Security number in the appropriate spaces.

- # Check the appropriate space to identify the type of case: TANF; IV-E Foster Care, Medicaid only; former assistance, never assistance, or Non-IV-D. TANF means the obligee's family receives IV-A cash payments. A Medicaid only case is a case where the obligee's family receives Medicaid but does not receive TANF (IV-A cash payments).
- # In the space marked "To:", list the name and address (street, city, State, and zip code) of the central registry, court, or agency where you are sending the Notice of Determination of Controlling Order.
- # In the appropriate spaces, if applicable and if known, enter the FIPS code, State, IV-D case number, and tribunal number of the jurisdiction to which you are sending the Notice. Under "IV-D case number, enter the number that was sent to the Federal Case Registry. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number that the receiving State may use to identify the case, if known.
- # In the space marked "From:", list a contact person, agency name, address (street, city, State, zip code), phone number (including extension), fax number, and e-mail address.
- # In the appropriate spaces, enter your jurisdiction's FIPS code, State, IV-D case number, and tribunal number. Under "IV-D case number", enter the number that was sent to the Federal Case Registry. Under "tribunal number", you may enter the docket number, cause number, or any other appropriate reference number which the tribunal or agency has assigned to the case.

**MAIN BODY OF FORM:**

- # In the first blank in **item 1**, enter the date that the determination of controlling order was made. In the second blank, enter the Name, County, and State of the tribunal which made the determination.

For each order considered in the controlling order determination, list in the **table in item 1** the County, State, Date of Order, IV-D Case Number, Tribunal Number (enter docket number, cause number, or other appropriate reference number), and Order Type (e.g., de novo support, modification, dissolution, contempt, paternity, etc.). Include any order issued or modified by this tribunal in the present action. If more than five orders were considered, list and number additional orders on an attached sheet and check the space below the table which says "Additional orders listed on attached sheet". Under "IV-D case number", enter the number that was sent to the Federal Case Registry.

- # In the blank in **item 2**, enter the number from the table (first column) of the order that was determined to be controlling or check the box if a new order was entered with a certified copy attached.
- # In the blanks in **item 3**, enter the amount and frequency (e.g., week, month) of the current charging amount.
- # In the blanks in **item 4**, enter the amount of arrears and the date as of which the amount is correct. Attach any worksheet(s) used to calculate arrears and indicate amounts of arrears by State. Page 6a of the General Testimony may be used.
- # Under **item 5**, list the Name and State of other entities to which you will be sending the notice. If you will be sending the notice to all the tribunals listed in the table under number 1, you may write "All tribunals issuing orders listed in table above". List additional entities on an attached sheet if necessary, and check the box indicating that there is an attachment. If you are sending a copy of the Notice to the obligor and/or obligee, check the appropriate box(es) labelled "Obligor"/"Obligee".

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The Paperwork Reduction Act of 1995

This information collection is conducted in accordance with 45 CFR 303.7 of the child support enforcement program. Standard forms are designed to provide uniformity and standardization for interstate case processing. Public reporting burden for this collection of information is estimated to average one hour per response. The responses to this collection are mandatory in accordance with 45 CFR 303.7. This information is subject to State and Federal confidentiality requirements; however, the information will be filed with the tribunal and/or agency in the responding State and may, depending on State law, be disclosed to other parties. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.